

Name  
in  
Full

143

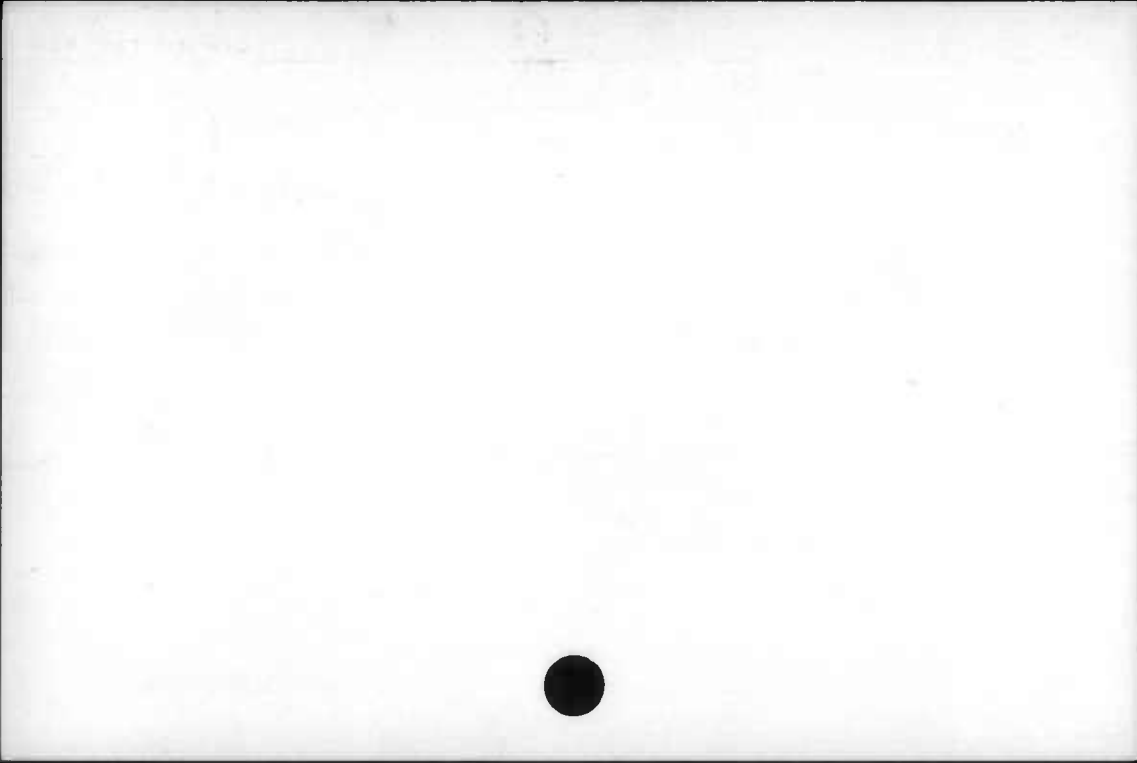
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>George E. Berans</b>		Town <b>Pocomoke City</b>		County <b>Worcester</b>		State <b>MARYLAND</b>	
Died at <b>Pocomoke City</b>		Month <b>Dec</b>		Day <b>23</b>		Years <b>52</b>	
Date of death <b>1908</b>		Month <b>Dec</b>		Day <b>23</b>		Age <b>52</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Worcester Co</b>			
Occupation <b>Merchant</b>		Where Residing if not at place of death <b>Pocomoke City</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Annie Scott</b>					
Father's Name <b>Jno. Berans</b>		Father's Birthplace <b>Worcester Co</b>					
Mother's Maiden Name <b>Barbara Muller</b>		Mother's Birthplace <b>Worcester Co</b>					
Name of person giving Information <b>W. J. Scott</b>		How related to deceased <b>Brother in Law</b>					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH		<b>120</b>	
Primary <b>Bright's</b>	How long <b>1 yr</b>		
Immediate <b>Uremia</b>	How long <b>3 days</b>		
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Samuel J. Linn</b>	Address <b>Pocomoke City</b>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William J. Geddes

Died at *Windsor* *Worcester* County

MARYLAND

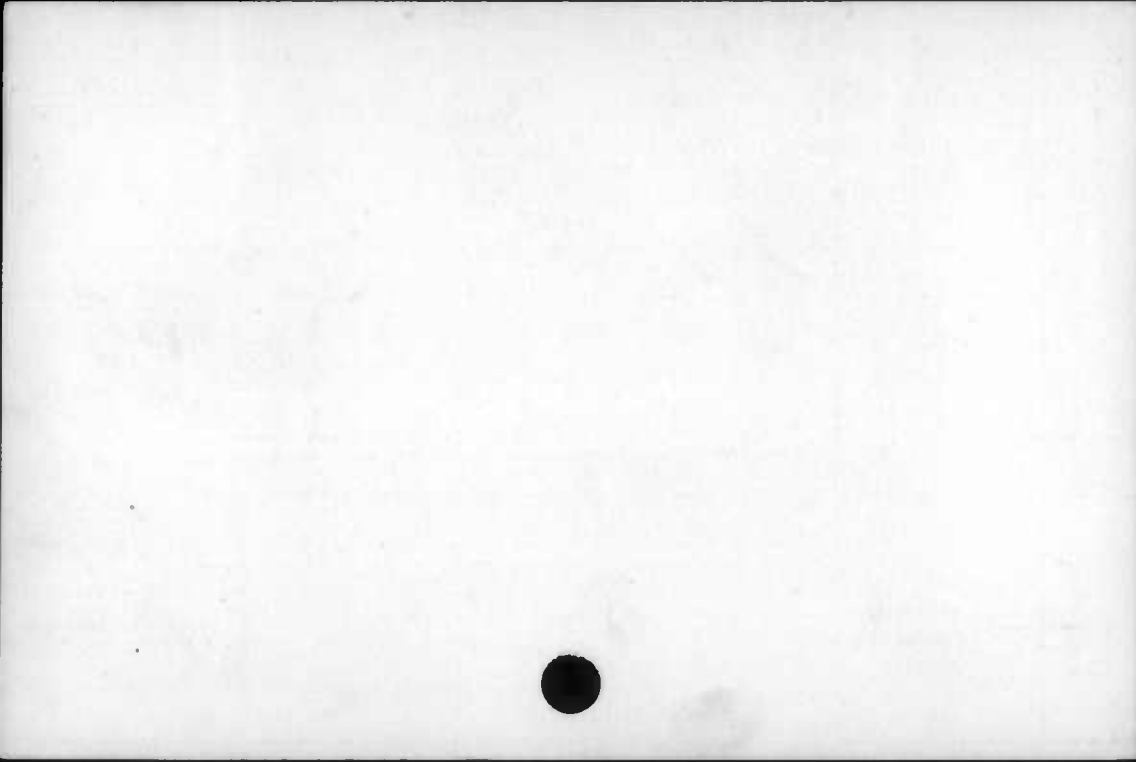
Date of death *1908* *Dec.* *14* *Age 37* *0* Months *0* DaysSex *Male* Color or Race *White* Birth-place *New York*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Peter J. Geddes*Father's Birthplace *Scotland*Mother's Maiden Name *Unknown*Mother's Birthplace *Scotland*Name of person giving information *Harry Orley*How related to deceased *None*

## CAUSES OF DEATH

Primary *Laz Grippe**10* How long *8 days*Immediate *Lobar Pneumonia*How long *24 hours*Are the name, age, sex, color, date and place correctly given above? *yes.*Signature of Physician *Jno. D. Dickerson,*Address *Stockton,*

Accident or Suicide?

*Nov. Co. Md.*



Name  
in  
Full

Chas H Hastings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

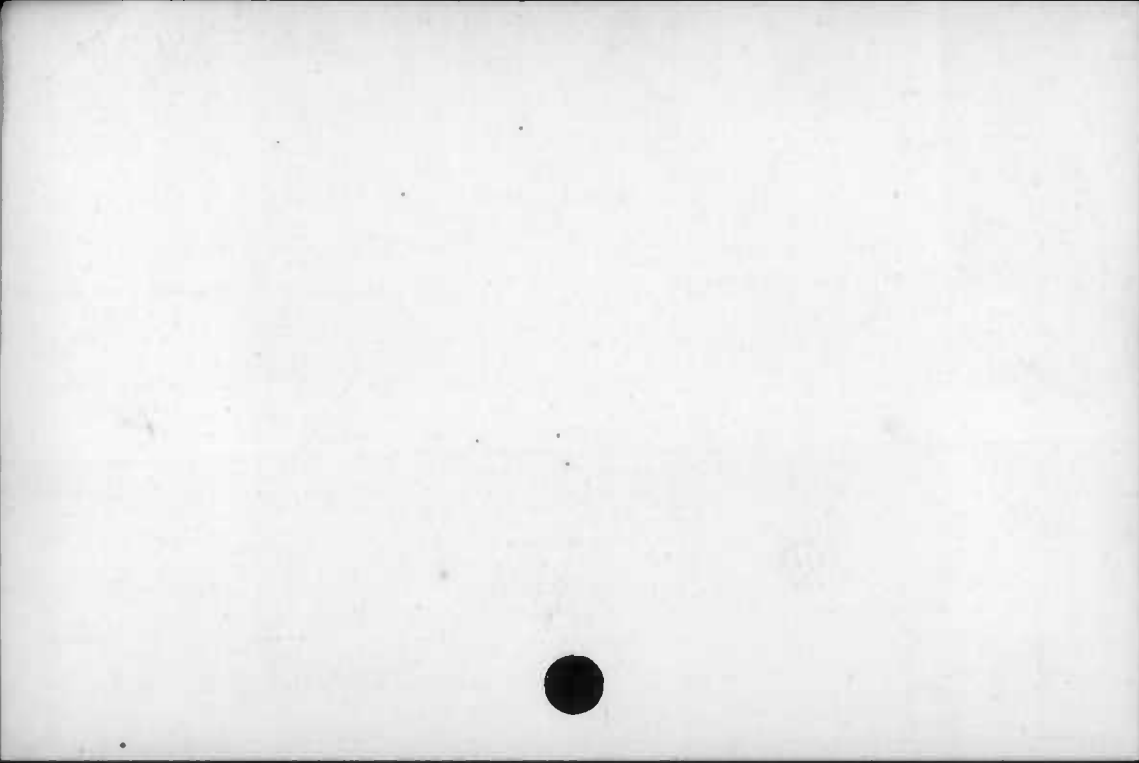
Died at		Town <i>New Ark</i>		County <i>Mor</i>		MARYLAND	
Date of death	1908	Month	<i>Dec</i>	Day	<i>29</i>	Years	<i>14</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>New Ark</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Chas H Hastings</i>					Father's Birthplace	<i>New Ark</i>
Mother's Maiden Name	<i>Ella Hastings</i>					Mother's Birthplace	<i>New Ark</i>
Name of person giving information	<i>Chas H Hastings</i>					How related to deceased	<i>Sister</i>

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>No Dr in attendance</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Address
	<i>W. A. Massey</i>		
			<i>O.K. Berlin Ind.</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

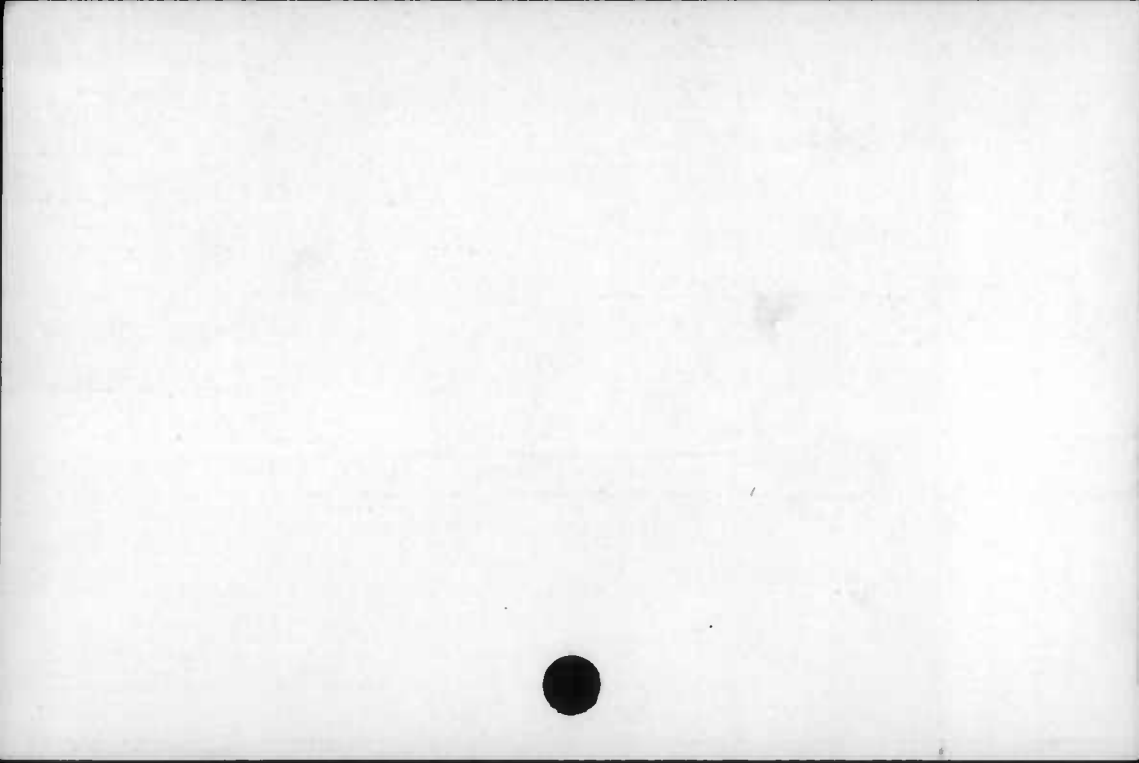
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stockton</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>12</u>	Day <u>30</u>	Years <u>Slieve Bona</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>ind</u>		
Occupation			Where Residing if not at place of death		
Married Single or <del>Widowed</del>		Name of Wife or Husband			
Father's Name <u>J J Hudson</u>			Father's Birthplace <u>ind</u>		
Mother's Maiden Name <u>Adella Merritt</u>			Mother's Birthplace <u>ind</u>		
Name of person giving information <u>J J Hudson</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Slieve Bona</u>	How long <u>8</u>
Immediate <u>yes</u>	How long <u>Slieve Bona</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wm. J. Payne J.D.</u>
	Address <u>Stockton ind</u>
Accident or Suicide?	





Name  
in  
Full

Robert Lane

142

CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Pocomoke<sup>County</sup> Worcester

MARYLAND

Date of death 1908 <sup>Month</sup> ~~Dec~~<sup>Day</sup> 21<sup>Years</sup> Age 18<sup>Months</sup><sup>Days</sup>

Sex Male

Color or Race Black

Birth-place near Pocomoke Md

Occupation Child, infant

Where Residing if not at place of death at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Lloyd Lane

Father's Birthplace near Pocomoke

Mother's Maiden Name Emma Aydelotte

Mother's Birthplace near Pocomoke Md

Name of person giving Information Lloyd Lane

How related to deceased father

## CAUSES OF DEATH

Primary Increased from birth Cause unknown

How long

Immediate Transition

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

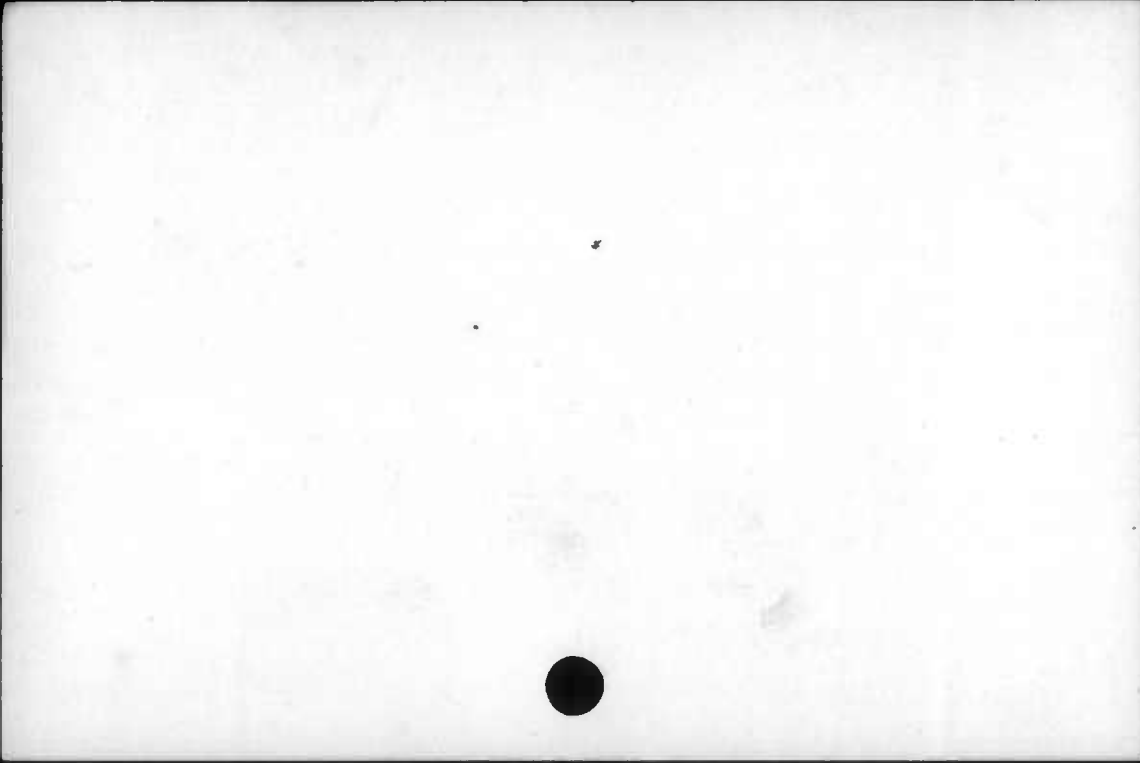
Address

J J Rooster

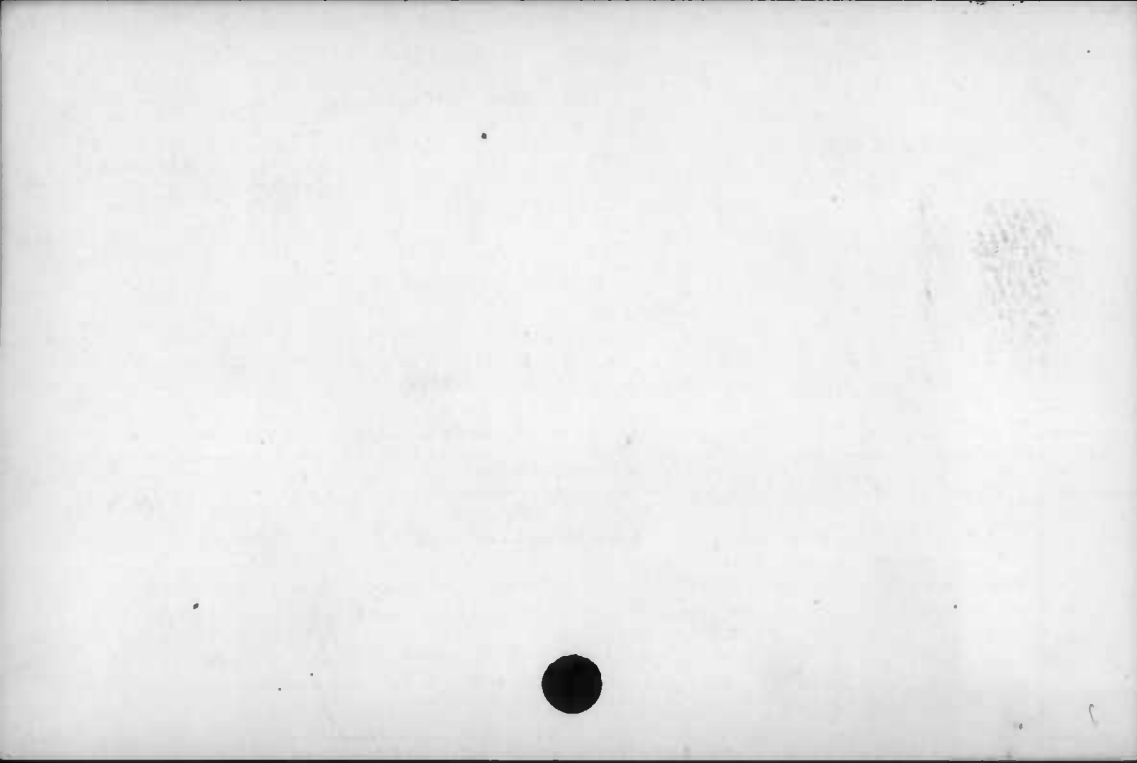
Pocomoke Bg Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Sarah Ann Lynch				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">27</div>								
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
		Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

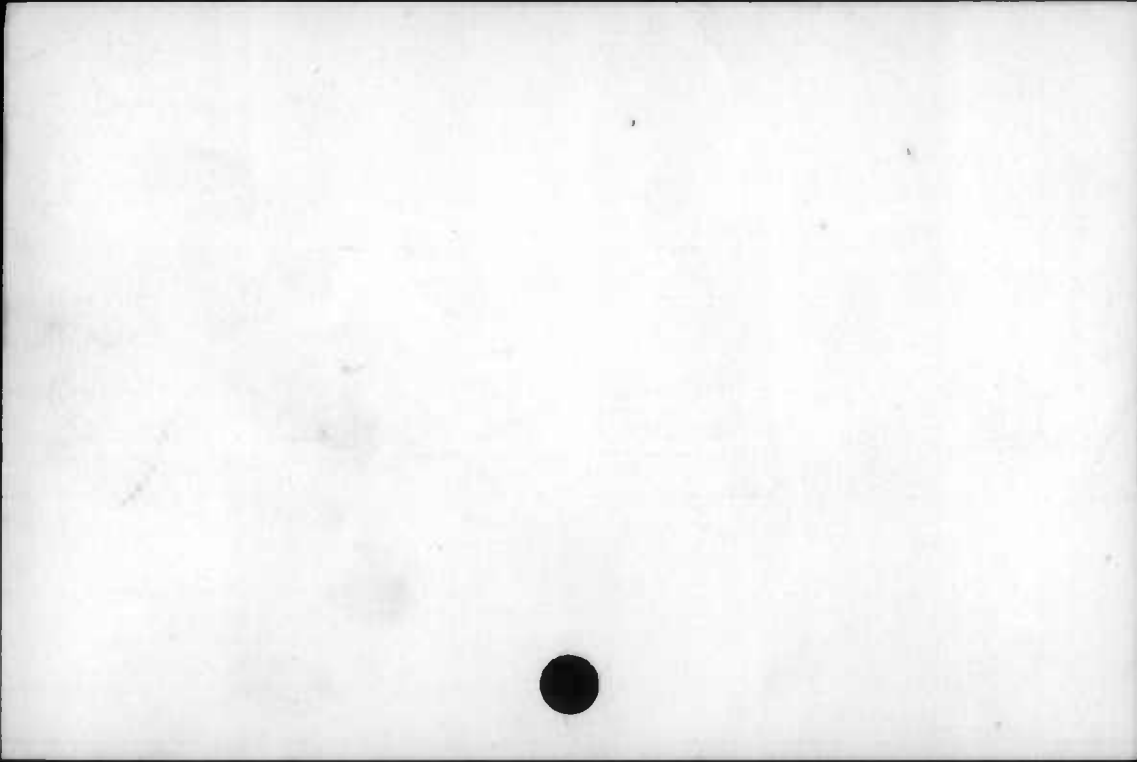
Name in Full <i>Corra Lillian Nicholson</i>		Town <i>Stockton</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Stockton</i>		Month <i>Dec.</i>		Day <i>12</i>		Years <i>24</i>	
Date of death <i>1908 Dec.</i>		Months <i>10</i>		Days <i>19</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Stockton, Md.</i>			
Occupation <i>Sales Lady</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Geo. W. Nicholson</i>		Father's Birthplace <i>Cincinnati Ohio</i>					
Mother's Maiden Name <i>Mary Ann Dickerson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Jas. A. Nicholson</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <i>Laryngeal Diphtheria</i>	How long <i>2 days.</i>
Immediate <i>Toxemia</i>	How long <i>10 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jns. D. Dickerson M.D.</i>
	Address <i>Stockton Worcester Co. Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Isaac H. Purnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Symmes</u>		Town <u>Wor</u>		County		MARYLAND	
Date of death	190 <u>8</u>	Month <u>Dec</u>	Day <u>13</u>	Years <u>60</u>	Months <u>2</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>Col.</u>		Birth-place <u>Symmes</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>						
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Helena Purnell</u>						
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>						
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>						
Name of person giving information <u>Joseph Whitting</u>	How related to deceased <u>None</u>						

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Volvular disease heart</u>	How long	<u>2 or 3 years</u>
Immediate	<u>Heart failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Edw. J. Holland</u>
		Address	<u>Berlin Md</u>
Accident or Suicide? <u>—</u>			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

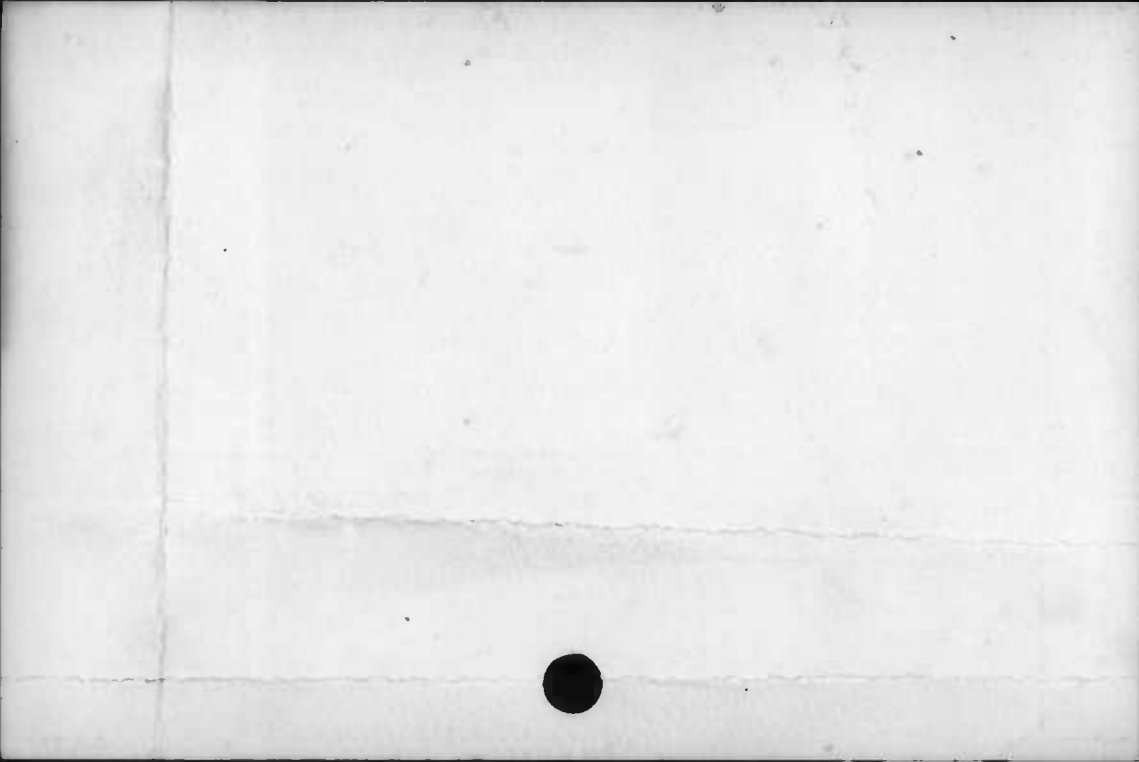
Died at <i>Taylorville</i>		Town <i>Liell</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1908	Month	December	Day	Unknown	Years	about 11
Sex	Male	Color or Race	White	Birth-place	Taylorville		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Wm J Liell Jr</i>				Father's Birthplace	
Mother's Maiden Name		<i>Miss Blayton</i>				Mother's Birthplace	
Name of person giving information		<i>P. O. Cochran</i>				How related to deceased	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>about 3 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>P. O. Cochran</i>	
		Address	
		<i>Brinsville Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

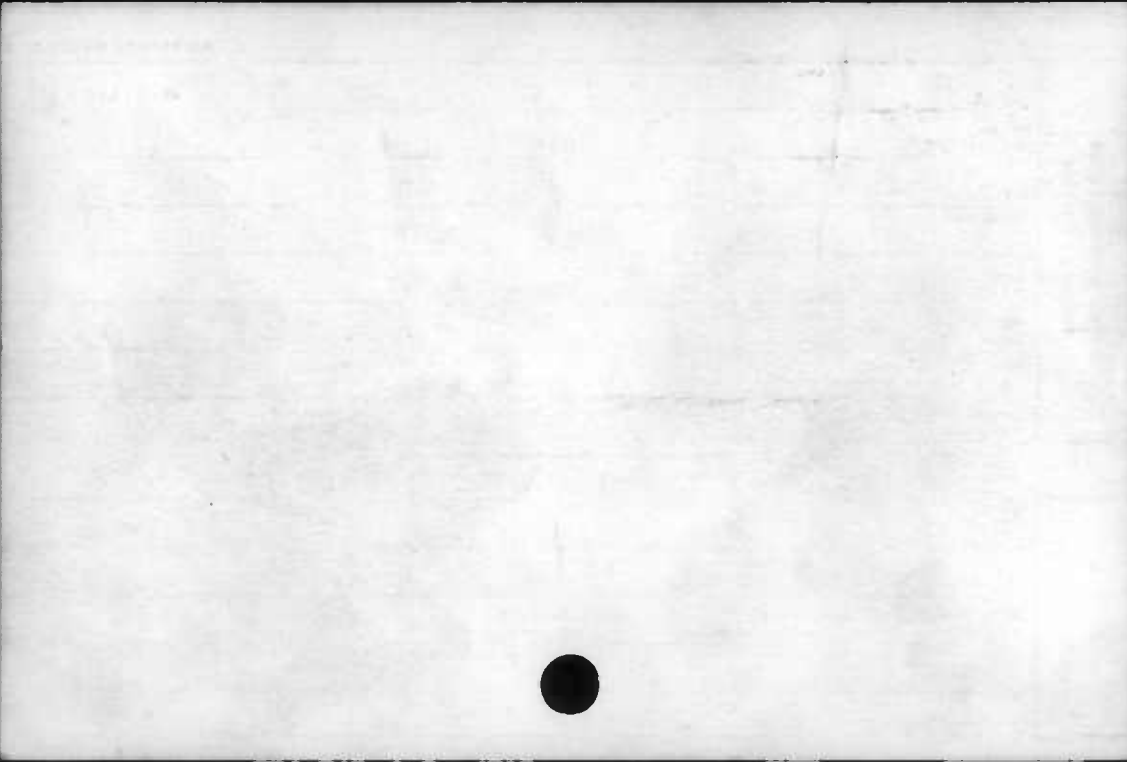
Name in Full <i>Elizah E. Ryan</i>		Town <i>Bethesda</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Bethesda</i>		Month <i>Dec</i>		Day <i>30</i>		Years <i>85</i>	
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>30</i>		Years <i>85</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>10</i>	
Occupation <i>Harmon</i>		Where Residing if not at place of death <i>At Home</i>		Days <i>3</i>			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Elizabeth Ryan</i>		Father's Birthplace <i>Maryland</i>			
Father's Name <i>Thomas Ryan</i>		Mother's Maiden Name <i>Betty Ryan</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Archie Ryan</i>		How related to deceased <i>Grand Daughter</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. W. Collins</i>	
		Address <i>1318 1/2 Prince St. Md.</i>	
Accident or Suicide			



Name  
in  
Full

Margaret R. Shann

144  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pennock</i> Town		<i>Truett</i> County		MARYLAND	
Date of death	1908	Month	Dec	Day	24
Age	Years		Months		Days
Sex	<i>female</i>		Color or Race	<i>white</i>	
Occupation			Birth-place	<i>Md</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid (Intestinal indigestion)</i>	How long	<i>3 days</i>
Immediate	<i>Sudden Collapse</i>	How long	<i>Five hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
in  
Full

*Ester E. Manright*

CERTIFICATE OF DEATH

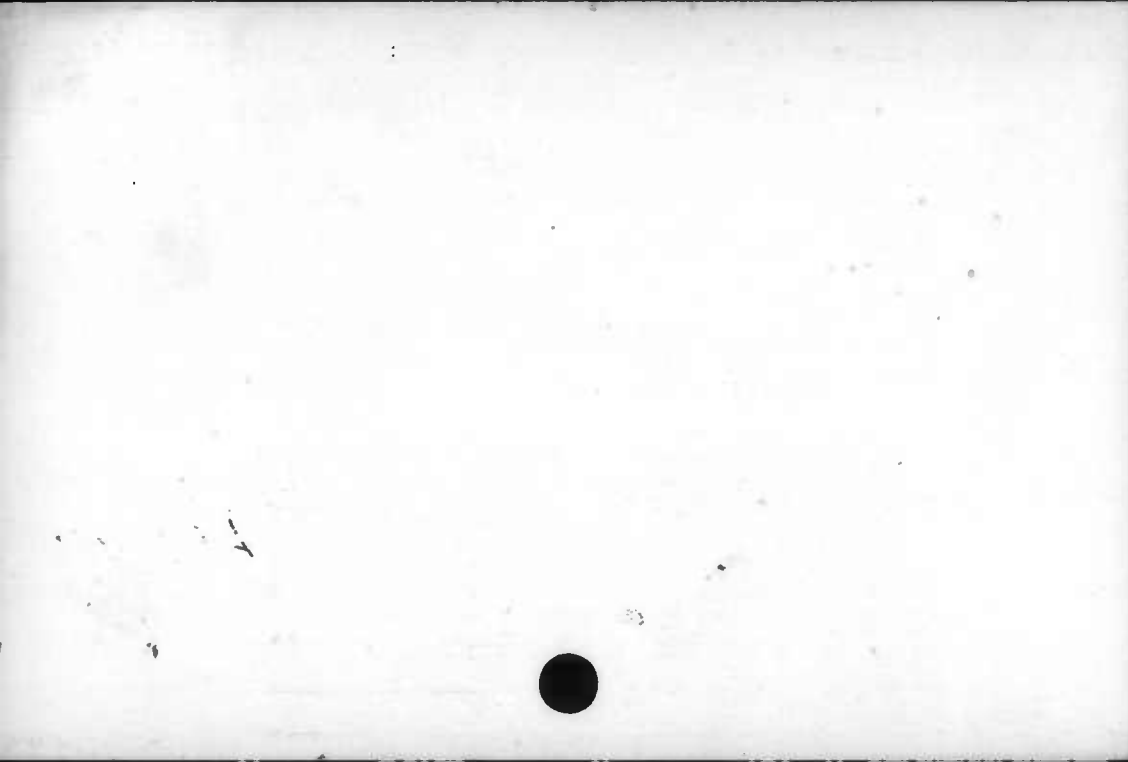
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Taylorville</i> <sup>Town</sup>		<i>Mon</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	<i>Dec</i> <sup>Month</sup>	<i>11</i> <sup>Day</sup>	Age <i>9</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Taylorville</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Amos H. Manright</i>		Father's Birthplace <i>Wm. Co.</i>			
Mother's Maiden Name <i>May E. Sykes</i>		Mother's Birthplace <i>Taylorville</i>			
Name of person giving Information <i>Amos H. Manright</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Malignant Scarlet fever</i>	How long <i>7</i>
Immediate	<i>—</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>E. H. Holland</i>
		Address <i>Barney</i>
Accident or Suicide <i>—</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

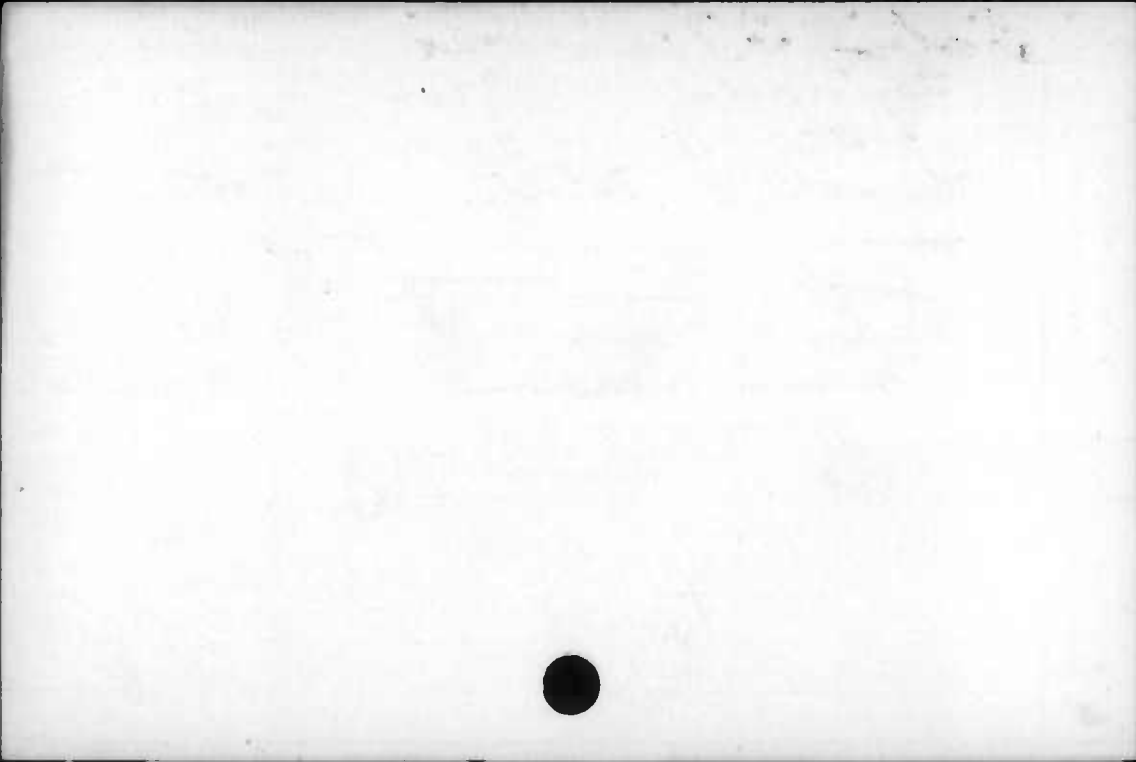
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stockton</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup>		<u>12</u> <sup>Day</sup>	<u>24</u> <sup>Years</sup>	<u>Still Born</u> <sup>Months</sup>	<u>    </u> <sup>Days</sup>
Sex <u>Male</u>		Color or <u>Black</u> <sup>Race</sup>		Birth-place <u>ind</u>	
Occupation <u>    </u>		Where Residing if not at place of death <u>    </u>			
<u>    </u> <sup>Married, Single or Widowed</sup>		<u>    </u> <sup>Name of Wife or Husband</sup>			
Father's Name <u>Henry Waters</u>		Father's Birthplace <u>ind</u>			
Mother's Maiden Name <u>Margaret Collins</u>		Mother's Birthplace <u>ind</u>			
Name of person giving information <u>Ambrose Rowley</u>		How related to deceased <u>son</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still Born</u>	How long <u>8</u>
Immediate <u>    </u>	How long <u>    </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wm. O. Payne Jr.</u>
	Address <u>    </u>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Ebinger West*

Town *Snow Hill*

County *Worcester*

MARYLAND

Died at *Snow Hill* Month *Dec* Day *7* Age *26* Years Months *4* Days *4*

Date of death 190*8* Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *Frankie West*

Father's Name *Ebinger West* Father's Birthplace *Ind*

Mother's Maiden Name *Betsy West* Mother's Birthplace *Ind*

Name of person giving Information *Chas Ebinger* How related to deceased *Brother in law*

CAUSES OF DEATH

**66**

PHYSICIAN  
OR CORONER

Primary *Paralysis* How long *several years*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *No Physician*

Address *O. H. Paul Jones Snow Hill Md*

Accident or Suicide

